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SERIAL NUMBER 10/782,738	FILING OR 371(c) DATE 02/18/2004 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. HBZ-013CNRCE
APPLICANTS Andreas H. Sarris, Houston, TX; Fernando Cabanillas, Houston, TX; Patricia M. Logan, Vancouver, CANADA; Clive T. R. Burge, Brentwood Bay, CANADA; James H. Goldie, Vancouver, CANADA; Murray S. Webb, Delta, CANADA;				
** CONTINUING DATA ***** This application is a CON of 09/541,436 03/31/2000 PAT 6,723,338 * which claims benefit of 60/137,194 06/02/1999 and claims benefit of 60/127,444 04/01/1999 (*)Data provided by applicant is not consistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/12/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 2	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
ADDRESS 500				
TITLE COMPOSITIONS AND METHODS FOR TREATING LYMPHOMA				
FILING FEE RECEIVED 1200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	